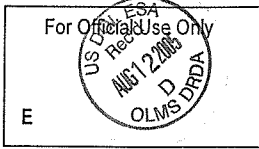


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5772</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>William</u> <u>Mullen</u> P.O. Box, Bldg., Room No., if any _____ Street <u>21 St. Mary Drive</u> City <u>Succasunna</u> State <u>New Jersey</u> ZIP Code + 4 <u>07876</u>	4. Name, file number, and address of labor organization. Name <u>Ironworkers Local 11</u> Labor Organization File Number <u>016-619</u> P.O. Box, Building and Room Number, if any _____ Street <u>1500 Broad Street</u> City <u>Bloomfield</u> State <u>New Jersey</u> ZIP Code + 4 <u>07003</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>William Mullen</u>	On <u>8-11-05</u> Date	<u>(973) 338 - 3777</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Alliance Bernstein

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1345 Avenue of the Americas

City New York

State New York

ZIP Code + 4 10105

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Investment Management

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

On August 3, 2004, I attended a golf outing sponsored by Alliance Bernstein.

## 12.b. Amount.

\$244

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Smith Barney

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Penn Plaza

City New York

State New York ZIP Code + 4 10119

## 9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 11.a. Nature of such dealing.

Investment Mangement

11.b. Approximate dollar value of such dealing. 

## 12.a. Nature of interest held or income received.

In June 2004, I attended a golf outing sponsored by Smith Barney. The estimated cost of the outing is \$200.

12.b. Amount.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name DCIW Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey

ZIP Code + 4 07081

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

District Council Ironworkers Welfare Fund provides welfare benefits to its participants.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Attendance at Trustees' meetings where lunch was served. The cost of the meals provided by the Welfare Fund was approximately \$84.

## 12.b. Amount.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name DCIW Training Program

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey ZIP Code + 4 07081

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

District council Ironworkers Training Program provides educational training to its participants

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Attendance at Training Program Graduation Dinner. The cost of the dinner was approximately \$51.

## 12.b. Amount.